

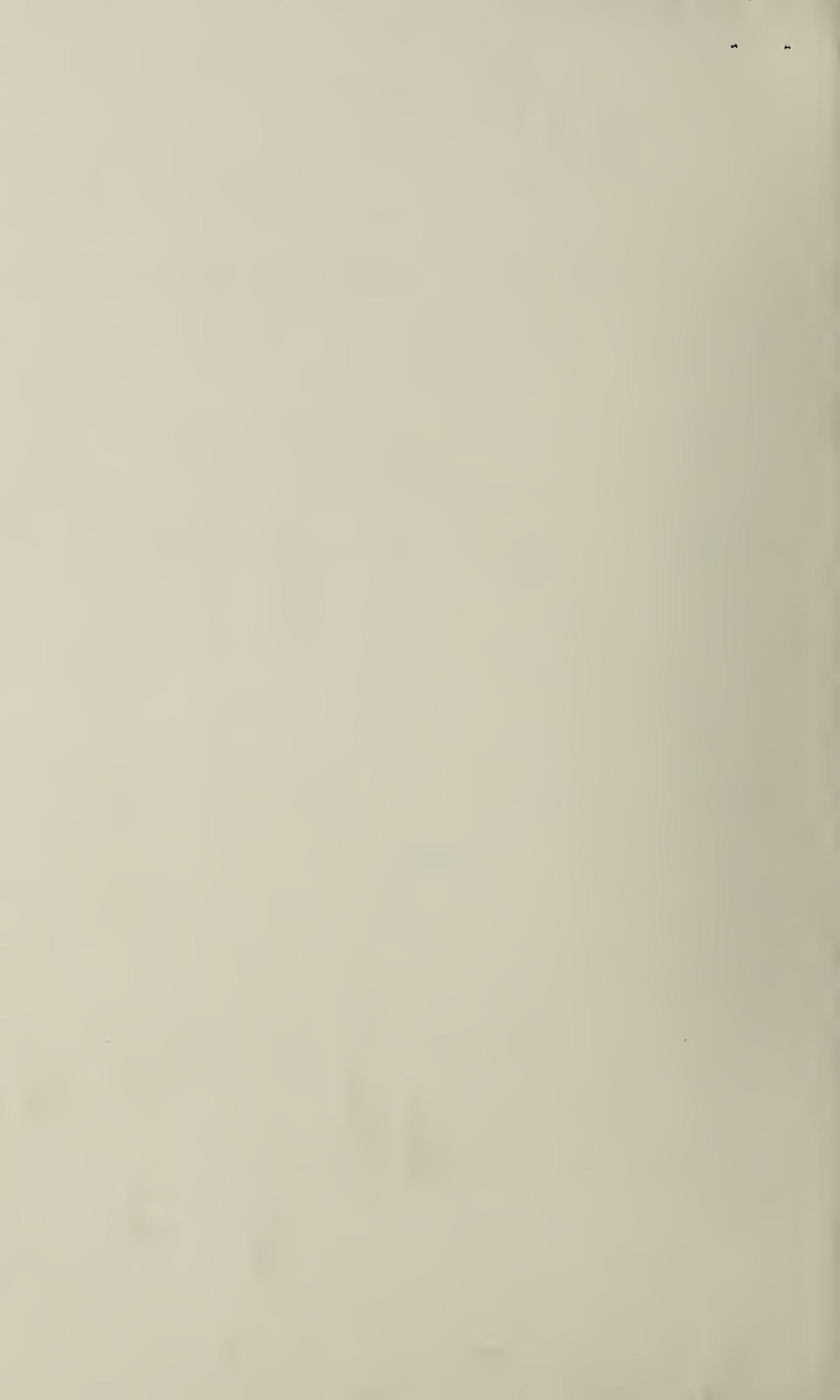
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LOOE URBAN DISTRICT COUNCIL

THE
ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE YEAR 1958





To the Chairman and Members of the Looe Urban District Council.

Mr. Chairman, Mrs. Couch & Gentlemen,

During the year 1958 there was no change in the estimated population of No. 7 Health Area, although there were minor changes in the populations of five of the six County Districts in the Area. There were small increases in the estimated populations of Torpoint Urban District and Looe Urban District, small decreases in those of St. Germans Rural District, Liskeard Rural District and Saltash Municipal Borough, whilst that of Liskeard Municipal Borough was unchanged. The corrected birth rate of 14.9 per 1000 was below the national figure of 16.4 per 1000. There was an increase in the number of still births and the rate per 1000 total births rose to 29.0 as compared with 17.1 in 1957.

The corrected death rate at 12.1 per 1000 of population was fractionally below the 1957 rate but again exceeded the national figure of 11.5. The total number of deaths at 684 exceeded the total of live births by 14, which is I believe due to the higher proportion of older people resident in this part of Cornwall. Of the various groups of diseases causing death those affecting the heart were most prevalent, with cancers of various kinds again holding second place. Of the defined forms of cancer that of the lung and windpipe was most numerous, with cancer of the stomach not far behind in order of prevalence as a cause of death. The mortality rate for lung cancer in this Health Area was only fractionally below that for the country as a whole, and was appreciably higher than that for the County of Cornwall. There was a small increase from 12 in 1957 to 15 in 1958 in deaths of infants under one year of age, but the infant mortality rate for the Area was still slightly below the rate for England and Wales. As is usual nowadays the bulk of infant mortality is in fact neo-natal mortality i.e. occurring in the first four weeks of life, and during 1958 this was the case in No. 7 Health Area where 12 of the 15 infant deaths were of infants under four weeks of age.

In my annual reports of the last two or three years I have written at some length about the increase in mortality due to cancer of the lung and bronchus. There is little new to add to what has already been said although such fresh statistical evidence as comes to light from time to time continues to incriminate moderate or heavy cigarette smoking as a major cause of this form of cancer. I do not know of any new facts or theories on the causation of this fatal disease which would lead me to modify the advice I have already given on the subject. I realise that to persuade confirmed addicts of cigarettes to relinquish the habit is an almost hopeless task, and the main object of education and propaganda must be directed to dissuading young people, especially those still at school, from taking up the smoking habit. The difficulties confronting any such campaign are formidable indeed. For one thing the danger is to the adolescent remote - some 30 to 40 years distant. Then there is lack of good example amongst those in contact with young people, parents, teachers, doctors, amongst whom the smoking habit is widespread and firmly established. Rarely has the task of reinforcing and supporting precept by good example been more difficult. Finally there is the psychology of the situation, in which everything conspires to suggest to the teenager that to smoke is an outward and visible sign of being "adult", a throwing off of the shackles of childhood, a symbol almost as meaningful as possession of the front door key.

The year 1958 was a relatively quiet one in the field of infectious disease, when the total number of cases notified was only 277, the lowest recorded in the Area since 1952 when 234 cases were notified. The most prevalent diseases were measles with 113 cases and whooping cough with 71 cases. Of individual districts Looe Urban District with 86 cases had the highest prevalence of notifiable disease due to small outbreaks of measles, and whooping cough. The lightest incidence of notifiable disease was in Torpoint Urban District with only 6 cases, and Liskeard Municipal Borough with 8 cases was almost as fortunate. Of more serious types of communicable disease there were four cases of poliomyelitis one of which in an adult was unfortunately fatal. The deceased being an adult was too old to have participated in the poliomyelitis immunisation scheme. Of the other three cases one child who suffered a moderate amount of paralysis had not been immunised. The other two cases, one of whom had been immunised were mild non-paralytic forms of the disease. One mild case of diphtheria in an adult too old to have been included in the diphtheria immunisation

.campaign when it commenced in 1940 was notified in Torpoint Urban District.

There was some increase in the number of new cases of tuberculosis notified during 1958. There were 27 cases in all an increase of 6 over the 1957 total. Of these 23 were respiratory infections and 4 were non-respiratory infections. There were 6 deaths attributed to tuberculosis during the year. Whereas mortality from tuberculosis has fallen very sharply over the past ten years, and there has been some reduction in the number of new infections, the latter improvement has not been nearly so spectacular as one could have hoped or wished for. Indeed during the last 12-18 months there has been some increase in this Area in new cases discovered, and notified. In the first decade following the end of the last war it did appear that the prospects of eradicating tuberculosis were quite bright. Experience has however shown that some of our hopes and conclusions were perhaps wishful thinking, and the reduction in the amount of infection in the community, and the establishment of proper control over it will be a much slower process than was believed some years ago. I do not wish to appear a pessimist and give the impression that no further improvement is possible. I am confident that given the co-operation and understanding of the public it will be possible to reduce the incidence of tuberculosis to negligible proportions but we must not expect to reach this happy state of affairs without some delay, and without some reverses, and setbacks to our hopes from time to time.

Just over 100 years ago when what we now know as the Public Health Service had its beginnings the emphasis was on improving the appalling physical conditions in which a great many lived, since these were clearly linked with and responsible for widespread suffering, and disease, high mortality, and greatly reduced expectation of life. Although the pioneers and early workers in this field encountered many obstacles and had to fight against opposition from vested interests and apathy amongst those they were trying to help, the evils against which they fought were clearly defined physical entities such as unhealthy and overcrowded housing conditions, inadequate and grossly polluted water supplies and an almost total lack of sanitation. Most of these defects in man's physical environment have now been eliminated, and with the greatly reduced incidence of infectious disease, and a considerable improvement in living standard those factors menacing the physical well-being of the community have been largely removed. This decline in morbidity and mortality from communicable disease has tended to throw into sharper relief the other ills to which human flesh is heir. Not the least of these is disturbance or frank disorder of mental health the treatment of which has become a major preoccupation of the medical profession, and social workers throughout the country. The causes of mental ill-health are so numerous, and vary so much from one individual to another, that it is difficult, if not impossible to find any large scale or mass solution of them, and methods which served well in the past to deal with slum clearance, water supply, sanitation, immunisation and other public health procedures have a very limited application in the prevention of mental disability and disease, where the solution of problems must be on a much more individual basis. Even if sufficient and suitably trained personnel can be found to probe into the probable causes of mental disorder and to give advice, and material help to sufferers, there must be a large number of cases in which little real help can be given. So many of the causes lie deeply concealed or are so disguised as to be difficult to recognise, or are so large and widespread as to be incapable of solution that one can only hope for minor improvements, such as the mere sharing of the burden of anxiety may bring about. On the face of it man's efforts to provide himself with more material security, more leisure time, and a generally higher standard of living would seem to be reasonable, and indeed laudable. For some at least it may be that increased time for leisure provides not time for physical and mental recreation but more time in which to be bored, and greater opportunity to worry, whilst the attainment and maintenance of a higher standard of living, particularly if it involves "keeping up with the Joneses", inevitably involves a more pressing sense of responsibility than the simpler life did. It is also probably true that ordinary citizens feel themselves more involved in international affairs now that methods of mass destruction are being brought to a high degree of effectiveness. The last war left us in no doubt that none of us can count on being spared the hardships and the horrors of modern warfare, and I believe that this knowledge coupled with the increasing war of nerves, and international tension has some adverse effect on almost all of us. I have set out these probable causes of mental disability and ill-health to show what a formidable task exists in preventing anxiety and worry of one sort or another. Fortunately there is much which can be done in the realm of more local and personal problems and in this lies the main hope of preventing mental ill-health or lessening its effect before it becomes too firmly established.

It is appropriate after dealing with mental health to pass on to a subject which is generally believed to play some part in undermining mental stability and equilibrium. In this largely rural area the question of noise is nowhere so acute or distressing as in built-up areas where industry and modern systems of transport make a constant and substantial contribution of loud, discordant and often distressing

sounds to the uneasy air, the latest, and most strident villains of the piece being the large jet propelled aircraft. Whilst the human ear and its allied auditory system is amazingly tolerant of loud and discordant sounds, and serious or permanent damage to the hearing mechanism is uncommon outside very noisy industrial processes, it is clear that living in a noisy environment can cause mental fatigue and noise can be a serious detriment when it interferes with sleep or disturbs people who are ill or recuperating from illness. Whilst much has been and is being done to improve sound insulation and absorption in buildings, we are very much less critical when noise originates in the open air. Here the main source of unpleasant noise is the mechanically propelled vehicle. Not all are equally culpable, and the modern private car if well maintained, and considerately used does not create much noise. The main offenders appear to me to be inadequately silenced heavy transport vehicles, sports cars and motor cycles, the latter often in the hands of young people to whom the sound of an ear-shattering exhaust note is the be-all and end-all of living. With the rapidly mounting total of vehicles using the congested roads serious consideration will have to be given to the reduction or better the elimination of all unnecessary noise arising from traffic particularly in urban areas, and at night time. Another potent but less constant source of loud, and often disturbing sound is the modern public address system. This is now widely used to provide music at fairs and sports grounds, by business concerns to advertise their wares, by organisers of social events, by religious bodies and last but not least by candidates seeking to win votes for elections of one sort of another. Of these, the fixed installations on fair grounds, and sports fields, provided they do not operate too late in the evening, are probably the least disturbing. On the other hand the mobile installations carried on vans, trucks and even private cars can and do, by their ability to move close to dwellings in residential areas, cause considerable disturbance and annoyance to householders. It is notoriously difficult to shut out from our homes and our heads powerfully amplified sound, and we have therefore little choice of rejecting what we do not wish to hear. However sweet the synthetic chimes of the ice-cream vendor, or deep the wisdom of the politicians impassioned pleading, there are times, and occasions when we do not want them thrust upon us willy-nilly. Surely there are so many other means of modern publicity on press, radio and television in which the element of choice still remains with the customer or constituent as to whether he will look or listen, that the already clamorous air around our homes can be spared this noisy modern technique of mass persuasion. I feel that the use of public address systems particularly the mobile variety should be subject to stricter control, and their use confined largely to putting across to the public information of a vital and urgent character.

The steady increase in the proportion of elderly people in the community is well known, and increasing attention is being given to examining the problems and assessing the needs of old folks, particularly those living alone. There is no doubt that if old people can be kept in the surroundings to which they are accustomed they are normally very much more happy and content, and their care and maintenance represents a very much smaller charge on rates and taxes than placing them in an institution or an old persons home. The great majority of them can and do continue to live in their own homes and if the standards of cleanliness, and housecraft are not of the highest undue concern should not be felt if their living conditions do not constitute a nuisance or prove a source of annoyance or concern to their immediate neighbours. In many cases however the poor structural condition, of the house which may be too big for an old couple or a single old person to manage comfortably coupled with lack of amenities make it desirable that rehousing should be undertaken. Where old people are able-bodied, active and capable of looking after themselves the aim should be to transfer them to a small modern dwelling designed and equipped to meet the needs of the elderly. Such provision should be incorporated in new housing estates in such a way that the old people do not feel themselves shut away or segregated from the rest of the community, and can receive companionship and where necessary material help from their younger, and more active neighbours.

A certain number of the elderly, because they live far beyond the normal span, or because of some acceleration in the process of ageing, become physically and/or mentally incapable of caring for themselves, and become a source of anxiety to relatives, and neighbours, and as such form the subject of complaint. Apart from dirty and insanitary habits and mode of living, the dangerous practice of throwing paraffin oil on the fire, and the use of candles or oil lamps is almost invariably referred to. If the house in question is one of a row of houses, the anxiety about the fire risk is understandable. The singed eyebrows and hair of the old person together with evidence of damage to floor coverings, furnishings and bedding by sparks, live coals, or naked flames shows that the danger is real. Where this state of affairs exists the only satisfactory solution is for the old person to enter an institution or a home where they can be properly housed, fed, and cared for.

Unfortunately many - indeed most - of these difficult cases resent any attempt to help or advise them and are most reluctant to enter an institution or home. This reluctance to accept help or consent to move to a place where they can be adequately cared for stems from a variety of reasons, many of them not very sound. There is a spirit of independence which resents pressure or interference from outsiders and indeed in many cases from relatives and friends also. Coupled with this one often finds a deterioration in mental calibre and power of reasoning which enables the old person to accept a very much lower standard of living as a normal state of affairs. Finally there is a mistrust or fear of the institution or home as being nothing more than the dreaded "workhouse" of less happy days, and this fear is not easily dealt with when an otherwise excellent home is housed in buildings which were some years ago "the workhouse". I believe this latter fear is gradually dying away and being dissipated by the changed atmosphere, higher standards of care, and the brighter and more attractive appearance of accommodation at these places, whilst the purchase and conversion of large houses, and hotels for old folks homes is doing much to persuade those who can no longer care for themselves to more readily accept the accommodation which is offered them by welfare authorities.

Elderly persons are not unnaturally more prone to illness which usually confines them to bed. If they are living alone such a situation may soon result in a serious deterioration in their living conditions, and it seems to me that there should be provision for the rapid removal of the old person to hospital for treatment of the illness. Unfortunately such is the pressure on beds for old people in hospitals in the Plymouth Clinical Area that cases very frequently have to be put on a waiting list with no certainty of obtaining a bed for from two to four weeks. Such a delay causes much anxiety to the family doctor, the nursing service, and to neighbours, relatives and friends of the old person, and I am often approached with a request that I expedite the admission. Unfortunately I have no power to do so and can only reiterate what must already be known to the hospital authorities concerning the unsatisfactory home conditions. I hope the Regional Hospital Board will bear constantly in mind the necessity of having available an adequate number of beds to deal with the increasing number of old people in the community.

In recent years some hardening in the attitude of local residents to the establishment of caravan and camping sites in their neighbourhood has been noticeable. Much of the opposition derives from a belief that the establishment of further sites would be detrimental to the natural amenities of the district, and injurious to existing hotel and catering business in the vicinity. As I am not qualified to express any authoritative view on these matters I do not propose to comment on them. Some opponents of caravan sites have however gone further and suggested that such sites are necessarily detrimental to the health of those who use them, and to those who live in the neighbourhood in which they are situated. Given a good lay-out, with adequate spacing of caravans and tents, an adequate and pure supply of water, and proper methods of sanitation, sewage disposal and removal of domestic refuse, I know of no reason why any site should be a menace to the health of those who choose to live there, or to those local inhabitants in the vicinity. Although I personally do not favour the caravan, however well equipped or sited, as a place of permanent residence, I know of no evidence showing it to be an unhealthy way of life. Thus the well laid out site with good services offers no target for criticism on grounds of health.

We in the public health world are more perturbed by conditions obtaining on some of the older sites licensed before 1939 and on which it is difficult or impossible to enforce the provision of adequate services, and on sites which under existing legislation may be brought into use for a restricted period at the height of the holiday season. As I referred at some length to this aspect of the matter in my 1957 report, I shall not comment further at this.

An aspect of holiday making not unconnected with camping sites came to notice during 1958, and was the subject of complaint. I refer to the use of roadside verges and lay-bys by people who sleep in their cars. This not very desirable practice has been on the increase in recent years and during the peak holiday weeks of 1958 it reached considerable proportions in this part of Cornwall. Whilst nobody wishes to deny holiday makers the right to spend the nights of their holiday in this uncomfortable way if they so choose, the fouling of the ground in the vicinity by human excrement is something which cannot be overlooked. Since not all roadside verges are suitable for parking on, those parts which are tend to be heavily and continuously used for some weeks during July and August. We have for some years known of the problem created by litter left by motorists using roadside verges for picnicing, and efforts to cope with this showing some results. The unsatisfactory state of affairs arising when people in increasing numbers choose or are compelled to spend their nights by the side of the road is more difficult to deal with, and it may well be that such people will have to be persuaded or compelled to spend their nights on sites where some necessary sanitary services can be provided.

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The only part of the Health Area in which up to now water supplies have been generally unsatisfactory and a cause for some concern has been the Liskeard Rural District. This situation has been undergoing a rapid improvement, particularly in the past two or three years, and within the next twelve months a large proportion of the residents in the Liskeard Rural District will have available an adequate supply of good quality water. When this position has been reached almost the whole of south east Cornwall will have good water supply arrangements.

In contrast with water supply progress in sewerage and sewage disposal has been much slower, and much still remains to be done. Now that Callington is provided with an effective sewage disposal system, the only sizeable inland town without proper means of dealing with sewage is the Borough of Liskeard. In this case all the engineering proposals for the provision of sewage disposal have been submitted to the Ministry of Housing and Local Government from whom the next move in the matter is shortly expected. At Looe the question of pollution of the river and the foreshore adjacent to the river mouth by crude sewage from the town has continued to cause concern to the Urban District Council, and outline schemes for improved methods of disposal have been prepared by Consulting Engineers and are under active consideration by the Council. Although some progress was made during the year in providing sewage disposal schemes in the larger villages in the ^{two} Rural Districts many are still without adequate means for disposing of sewage. The arrival of more dependable water supplies in almost all parts of the Liskeard Rural District will undoubtedly increase the volume of domestic sewage to be disposed of and will aggravate nuisances which already exist in the neighbourhood of many villages and hamlets. In a world guided by Utopian principles I have no doubt that schemes for providing good supplies of water and those for disposing of waste matter adequately would proceed side by side. In our less, perfect society because our resources in materials, and finance would find it difficult to sustain simultaneous progress on both these fronts, schemes for water supply usually take precedence. I hope that the necessary supporting schemes for sewerage and sewage disposal will not be too long delayed.

In concluding this general preface I should like to express my sincere thanks to those with whom I have worked during 1958 for their help and kindness to me at all times.

I have the honour to be,

Mr. Chairman, Mrs. Couch & Gentlemen,

Your obedient Servant,

P.J. FOX

Medical Officer of Health.

LOOE URBAN DISTRICT

Health and Highways Committee

Councillor H.D.Miller Chairman
Councillor L.Pengelly Vice-Chairman

Health Officers of the Authority

P.J.Fox, M.B., B.Ch., B.A.O., D.P.H.,

Medical Officer of Health.

Health Area Office,
West Street, Liskeard, Cornwall.

Telephone - Liskeard 3373.

J.C.Hicks, C.R.S.I.

Senior Public Health Inspector.

J.E.Harvey, M.A.P.H.I.,

Additional Public Health Inspector.

The Guildhall, East Looe, Cornwall. Telephone - Looe 532.

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Area of Urban District	1,649·5 acres
Population (Registrar General's Estimate)	3,770
Number of Inhabited Houses	1,432
Rateable Value	£68,904
Sum represented by Penny Rate	£280

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VITAL STATISTICS FOR 1958

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Live Births	13	17	30
	<u>Looe U.D.</u>	<u>Health Area No: 7</u>	<u>England & Wales</u>
Birth rate per 1,000 of population	9·2	14·9	16·4
	<u>Male</u>	<u>Female</u>	<u>Total</u>
Still Births	1	-	1
	<u>Looe U.D.</u>	<u>Health Area No: 7</u>	<u>England & Wales</u>
Still birth rate per 1,000 total births	32·3	29·0	21·6
	<u>Male</u>	<u>Female</u>	<u>Total</u>
Deaths	20	24	44
	<u>Looe U.D.</u>	<u>Health Area No: 7</u>	<u>England & Wales</u>
Death rate per 1,000 population	9·0	12·1	11·7
Maternal Deaths	None registered		
	<u>Male</u>	<u>Female</u>	<u>Total</u>
Deaths of infants under one year of age	-	1	1
	<u>Looe U.D.</u>	<u>Health Area No: 7</u>	<u>England & Wales</u>
Infant mortality rate per 1,000 live births	33·3	22·4	22·5

Principal Causes of Death at all Ages.

Heart disease	23
Cancer (all sites)	7
Respiratory disease	6
Circulatory disease	2

Average Age at Death

<u>Males</u>	<u>Females</u>
69	72

There is little in the above statistics which calls for special comment. Although the number of deaths was less than in 1957, they were still in excess of births by a figure of 14. This discrepancy between births and deaths is due to the very low birth rate rather than a higher death rate. The death rate, even in its crude uncorrected form, is not above the national figure, and is below the figure for the surrounding Health Area.

INFECTIOUS DISEASE

The incidence of infectious disease of which there were 86 cases during 1958, was not particularly heavy, but these diseases were more prevalent than in any of the three years immediately preceding. The most numerous diseases were measles and whooping cough, in that order. Of the more serious type of communicable disease there was one case of paralytic poliomyelitis in a 7 year old female, and one case of mild non-paralytic poliomyelitis in a 7 year old male. Neither child had been inoculated with poliomyelitis vaccine.

The following are details of cases and case rates in infectious disease during the year :-

<u>Disease</u>	<u>Actual Numbers</u>	<u>Rate per 1,000 of population</u>	
		<u>Looe U.D.</u>	<u>Health Area No: 7</u>
Measles	41	10.88	2.21
Whooping Cough	29	7.69	1.39
Pneumonia	8	2.12	0.72
Food poisoning	6	1.59	0.12
Paralytic Poliomyelitis	1	0.27	0.04
Non-paralytic Poliomyelitis	1	0.27	0.04

There were no deaths from infectious disease during the year.

TUBERCULOSIS

The incidence of this disease during 1958 was light, one case only of respiratory infection being notified. The person involved was a 54 year old man.

The following are details of this case and case rates for 1958 :-

<u>Age Group</u>	<u>New Cases</u>		<u>Deaths</u>	
	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>
0 - 1	-	-		
1 - 5	-	-		
5 - 15	-	-		None
15 - 45	-	-		Registered
45 - 65	1	-		
65 and over	-	-		
	<hr/>	<hr/>	<hr/>	<hr/>
	1	-	-	-
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Rates per 1,000 of population

Looe U.D. Health Area No: 7.

New Cases	0.27	0.53
All known cases	6.37	6.46
Deaths	-	0.12

At the end of 1958 there were 19 known cases of respiratory tuberculosis, and 5 known cases of non-respiratory tuberculosis resident in the Urban District.

NATIONAL ASSISTANCE ACT, 1948

No action under Section 47 of this Act was called for during 1958.

WATER SUPPLY

This was generally satisfactory during the year. A few samples of water collected in the County Primary School, and in adjacent private houses in West Looe showed a small amount of contamination. On investigation it was thought that this might have originated in a holding reservoir in West Looe and this reservoir and part of the trunk main supplying it were emptied and thoroughly cleansed. Following this all samples taken in West Looe were given a satisfactory report by the Public Health Laboratory, Plymouth.

SEWERAGE AND SEWAGE DISPOSAL

During 1958 the Council spent a good deal of time discussing outline schemes for the better disposal of sewage from the town with a view to eliminating the risk of fouling the foreshore. It is clear that any effective scheme will be physically difficult to construct, and for that reason will be a very expensive project, but in spite of this I feel that the Council is convinced of the necessity of providing more satisfactory methods of sewage disposal than have existed up to the present.

FOOD

As far as could be judged from inspections carried out during the year a generally satisfactory standard of cleanliness in handling food was attained and maintained in catering establishments and food shops. In the expansion which occurs in the catering trade from the beginning of May to the end of September lies the greatest potential danger to good standards of food handling, since experienced hotel and catering staff have to be augmented by seasonal workers most of whom have little or no training in hygienic methods of handling food. In spite of this, and due no doubt to the supervision and control exercised by owners and managers, a generally satisfactory standard was maintained. In face of very heavy pressure on the catering industry during the holiday months six cases only of food poisoning were notified. In this instance it was by no means easy to decide where the infection was contracted, since all concerned had eaten meals away from the hotel in which they were staying, and the greater proportion of guests staying at this hotel were not affected.

FACTORIES ACTS, 1937 AND 1948

The administration of these Acts caused no difficulty during the year.

REPORT OF SENIOR PUBLIC HEALTH INSPECTOR

This report by Mr.J.C.Hicks follows. Mr.Hicks and Mr.J.E.Harvey the Additional Public Health Inspector have at all times been helpful and co-operative, and I should like to put on record my gratitude to them.

REPORT OF MR. J.C. HICKS, C.R.S.I.,
SENIOR PUBLIC HEALTH INSPECTOR

FACTORIES, WORKSHOPS AND BAKEROIES

Periodical inspections were carried out of all factories etc., in the district.

- (1) Inspection for purposes of provision as to health (Including inspections made by the Public Health Inspectors), Factories Act, 1937.

	<u>No: on Register</u>	<u>Inspections</u>
(i) Factories on which sections 1,2,3,4 and 6 are to be enforced by local authority	8	15
(ii) Factories not included in (i) in which section 7 applies	-	-
(iii) Others	<u>3</u>	<u>10</u>
	<u>11</u>	<u>25</u>

- (2) Cases in which defects were found

<u>Particulars</u>	<u>Defects Found</u>	<u>Defects Remedied</u>	<u>Referred to H.M. Inspector</u>
Want of cleanliness (S1)	2	2	-
Ineffective drainage of floors	-	-	-
Sanitary Conveniences	2	2	-
Other	<u>-</u>	<u>-</u>	<u>-</u>
	<u>4</u>	<u>4</u>	<u>-</u>

HOUSING

During the year a block of four flats was completed at the Sunrising Estate. Two of the flats were allocated to the Cornwall County Council for occupation by the Local Health Visitors. The Council decided against any further building of Council houses for the time being.

Periodical inspections were made of all Council houses and it is pleasing to report that no complaints have been made about any tenant.

Nineteen Private Enterprise Houses were completed during the year.

Total No: of houses inspected	596
Drains inspected and tested	58

SEWERAGE

The bulk of the sewage from Looe still discharges into the harbour and river as crude sewage.

The piping of sewage from a culvert, taking West Looe Hill sewage, to a position approximately 40 yards out into the harbour was completed.

The Council have been considering two alternative schemes for piping sewage away from the harbour. Consultations are at present taking place with all bodies concerned. Looe is in urgent need of some system where the sewage will be discharged away from the harbour and bathing beaches.

During the year the Outfall pipe from the Digestion Chamber on East Cliff, was fractured through coast erosion. This pipe was renewed by securing the new pipe to the top of concrete surrounding the disused pipe.

REFUSE COLLECTION AND DISPOSAL

The number of premises from which refuse is collected is 1,661. A weekly collection is made during the winter months, and a twice weekly collection during the summer. It was necessary during the summer months to provide an extra lorry on two mornings each week to clear the shopping area of East Looe before the heavy traffic commenced. The refuse was disposed of by incinerator.

FOOD & DRUGS

During the year the following have been condemned as unfit for human consumption :-

	<u>lbs.</u>	<u>ozs.</u>
Beef (Silverside)	5	14
Salmon	14	0
Tomato Puree	11	14
Pork Picnic Shoulder	66	6
Corned Beef	24	0
Cooked Ham	28	11
Luncheon Meat	11	2
Lambs Tongues	-	12
Ox Tongues	6	0
Stewed Steak	3	5
Jellied Veal	6	0
Prawns	106	0
Baked Beans	4	0
Cheese	1	12
Tinned Fruit	156	4
Marmalade	28	0
Tinned Peas	13	6
Tomatoes	6	14
Carrots	1	12
Jam	2	0
Celery Soup	-	10
	<u>503</u>	<u>0</u>

ICE CREAM

There are two ice cream manufacturers in the Urban District who supply a considerable quantity of Ice Cream and Iced Lollies to other towns in Devon and Cornwall.

There are thirteen premises registered for the sale of Ice Cream in the district.

Regular inspections of all the premises were carried out and a good standard of cleanliness was observed.

During the year 83 samples of Ice Cream were submitted for bacteriological examination, the results are set out below.

GRADE 1	GRADE 2	GRADE 3	GRADE 4
69 85%	4 $4\frac{1}{2}\%$	6 6%	4 $4\frac{1}{2}\%$

Investigations into the grade 4 samples revealed that whilst the manufacturer appears to be carrying out his normal sterilization it is felt that during an abnormal rush insufficient sterilization is carried out.

FOOD HYGIENE

Regular inspections have been made of all food premises and generally speaking a good standard of cleanliness has been observed.

The cafe proprietors and staff are to be congratulated on the high standard of cleanliness maintained. The majority of cafes have very restricted accommodation and were never designed to deal with such numbers as they are called upon to do now. Even so inspections carried out at peak periods have revealed that both management and staff are fully aware that any carelessness on their part could, to say the least, ruin somebody's holiday.

RECORD OF INSPECTIONS

Club and Public Houses	51
Cafes	233
Fish Shops and Factory	31
Grocers	144
Greengrocers	48
Bakers	91
Butchers	115
Confectioners	79
Ice Cream Manufacturers	60
School Canteens	12
Dairies	44
Vans	39
Hotels	314
Boarding Houses	22
	<u>1,283</u>

Number of contraventions found under Food Hygiene Regulations	41
Number completed	41

RODENT CONTROL

A member of the staff has been trained on Rodent Control. One unusual feature of rodent control this year has been the treatment of Looe Island; a preliminary survey revealed an exceedingly heavy infestation of rats, their only food could be obtained from the foreshore or food left by the vast colonies of gulls. Intensive treatment was carried out with "Warfarin", which resulted in practical annihilation of the rats.

A total of 54 premises were treated for rats or mice, with excellent results.

WATER

A satisfactory supply has been maintained by the South East Cornwall Water Board during the year.

Intensive investigations were carried out into loss of water through defective pipes and quite a considerable saving was achieved.

Some difficulty was encountered in maintaining a good supply to the upper levels of West Looe, but this trouble should be obviated in the coming year by taking water direct from the trunk main, through a "Pressure Reducing Valve" at the bottom of West Looe Hill.

175 lineal yards of 3" cast iron water main was laid on a further portion of East Cliff Housing Estate.

Thirty seven samples of water were taken, nine of which proved unsatisfactory. Five of these unsatisfactory samples can be accounted for, the cause being that a fracture was found in the trunk main supplying the West Looe Reservoir and it is assumed that the reservoir was contaminated through this. The reservoir was emptied and thoroughly cleansed and also a section of the main was emptied and cleansed. Following this samples proved satisfactory.

FOOD CANNING

During the year the following pilchards were tinned at the local Canning Factory :-

14-oz Oval Cans	618,678
7-oz Oval Cans	1,711,910
No:1 Tall Cans	38,351
6-oz Tall Cans	28,478
7 $\frac{3}{4}$ -oz Flat Cans	190,307
3 $\frac{3}{4}$ -oz Flat Cans	<u>197,226</u>
Total ...	<u>...2,784,950</u>

J.C.HICKS,

Public Health Inspector,
Looe Urban District Council.

APPENDIX 1

PRINCIPAL CAUSES OF DEATH - ALL AGES - 1958

DISEASE	ST. GERMANS R.D.	LISKEARD R.D.	SALTASH M.B.	TORPOINT U.D.	LISKEARD M.B.	LOOE U.D.	HEALTH AREA NO. 7
Heart disease	73	60	38	20	53	23	267
Cancer (all sites)	43	19	19	10	15	7	113
Vascular lesions of the nervous system ("stroke")	29	26	15	12	17	1	100
Respiratory disease	11	19	5	6	7	6	54
Circulatory disease	15	7	2	2	5	2	33
Accidents	5	4	6	-	2	1	+ 18
Genito-urinary disease	5	3	2	1	1	1	13
Diabetes	4	-	1	-	1	-	6
Tuberculosis	3	3	-	-	-	-	6
Suicide	-	1	2	-	-	-	3
+ Includes 4 deaths in motor vehicle accidents.							

APPENDIX 2

TYPES OF HEART DISEASE AND CANCER CAUSING DEATH - 1958

TYPE OF DISEASE	ST. GERMANS R.D.	LISKEARD R.D.	SALTASH M.B.	TORPOINT U.D.	LISKEARD M.B.	LOOE U.D.	HEALTH AREA NO. 7
Coronary disease, angina	24	19	14	9	11	14	91
Hypertension with heart disease	5	4	3	2	3	-	17
Other heart disease	44	37	21	9	39	9	159
Cancer of lung and bronchus	9	2	7	2	1	1	22
Cancer of stomach	9	1	3	1	3	-	17
Cancer of breast	5	1	1	1	1	-	9
Cancer of uterus	3	-	1	-	1	1	6
Other cancers	17	15	7	6	9	5	59

APPENDIX 3

DEATHS BY AGE GROUPS -- 1958

DISTRICT	0 - 5 years	5 - 15 years	15 - 45 years	45 - 65 years	65 - 75 years	75 years and over	All Ages
ST. GERMANS R.D.	4	2	6	45	60	93	210
LISKEARD R.D.	6	1	7	31	39	81	165
SALTASH M.B.	2	1	3	23	23	49	101
TORPOINT U.D.	2	1	1	7	23	23	57
LISKEARD M.B.	2	-	4	18	32	51	107
LOOE U.D.	1	-	-	8	16	19	44
HEALTH AREA NO. 7	17	5	21	132	193	316	684

APPENDIX 4

AVERAGE AGE AT DEATH - 1958

DISTRICT	MALES	FEMALES
ST. GERMANS R.D.	68	71
LISKEARD R.D.	68	73
SALTASH M.B.	70	70
TORPOINT U.D.	64	73
LISKEARD M.B.	70	73
LOOE U.D.	69	72
HEALTH AREA NO. 7	68	72

APPENDIX 5

TUBERCULOSIS
NEW CASES AND DEATHS IN HEALTH AREA NO.7 - 1958.

<u>AGE GROUP</u>	<u>NEW CASES</u>		<u>DEATHS</u>	
	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>
0 - 1 YEAR	-	-	-	-
1 - 5 YEARS	1	-	-	-
5 - 15 YEARS	3	2	-	-
15 - 45 YEARS	8	8	-	1
45 - 65 YEARS	3	-	3	1
65 YEARS AND OVER	-	2	1	-
TOTALS	15	12	4	2

	<u>MALES</u>	<u>FEMALES</u>	<u>TOTAL</u>
NEW CASE RATE PER 1,000 POPULATION	0.29	0.23	0.53
MORTALITY RATE PER 1,000 OF POPULATION	0.08	0.04	0.12

CASE RATES AND MORTALITY RATES PER 1,000 OF POPULATION
IN THE SIX COUNTY DISTRICTS IN HEALTH AREA NO.7 - 1958

<u>DISTRICT</u>	<u>NEW CASES</u>	<u>ALL KNOWN CASES</u> <u>AT 31-12-58.</u>	<u>DEATHS</u>
ST. GERMANS R.D.	0.45	6.25	0.19
LISKEARD R.D.	0.36	4.97	0.22
SALTASH M.B.	0.67	7.81	-
TORPOINT U.D.	0.81	8.29	-
LISKEARD M.B.	0.93	7.18	-
LOOE U.D.	0.27	6.37	-
HEALTH AREA NO.7	0.53	6.46	0.12
CORNWALL COUNTY	0.65	7.36	0.13

APPENDIX 6

CANCER OF THE LUNG AND BRONCHUS
DEATHS BY AGE GROUPS AND SEXES - 1958

<u>AGE GROUP</u>	<u>MALES</u>	<u>FEMALES</u>
15 - 45	1	-
45 - 65	8	5
65 - 75	4	2
75 AND OVER	2	-
ALL AGES	15	7

CANCER OF THE LUNG AND BRONCHUS
DEATH RATE PER 1,000 OF POPULATION - 1958

	<u>MALES</u>	<u>FEMALES</u>	<u>TOTAL</u>
HEALTH AREA NO.7	0.293	0.137	0.430
CORNWALL COUNTY	0.218	0.065	0.283
ENGLAND AND WALES	0.378	0.062	0.440

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
IN RESPECT OF THE YEAR 1959 FOR THE LOOE
URBAN DISTRICT IN THE COUNTY OF CORNWALL

Prescribed Particulars on the Administration
of the Factories Act, 1937

PART I OF THE ACT

1 - INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises (1)	Number on Register (2)			Number of Written Notices (4)	Occupiers Prosecuted (5)
		Inspec- tions (3)			
(i) Factories in which Sections 1, 2, 3, 4 & 6 are to be enforced by Local Authorities	7	13		-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	-	-		-	-
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	3	8		-	-
Total	10	21		-	-

2 - Cases in which DEFECTS were found

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases")

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	by H.M. Inspector (5)	
Want of Cleanliness (S.1)	2	2	-	1	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-	-

